FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C 205

PROCESSED

FORM D

JUL 20 2005

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPT

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NOI		DATE RECEIVED

Name of Offering (check if the Private Placement of Limited Partners	his is an amendment and nam ship Interests of QR Alternati		cate change.)			A PECEIVED
Filing Under (Check box(es) that app	ly): 🗌 Rule 504 🔲 Rule 5	505 ⊠ Rule 506	Section 4(6) 🗆 nroe		
Type of Filing:	<u> </u>				1	1111 1 8 20
	Α.	BASIC IDENTIFICA	TION DATA			-
1. Enter the information requested ab	out the issuer					Ç.
Name of Issuer (check if t	his is an amendment and num	e has changed, and indi	cate change.)			100 /
QR Alternative Investments, I	P.	_				198/9
Address of Executive Offices	(No. and Street, City,	State, Zip Code)		Telephone Nu	mber (Includin	g Area Code)
601 Union Street, 56th Floor, Seat	tle, Washington, 98101			(206) 613-67	00	
Address of Principal Business Operat (if different from Executive Offices)	ions (No. and Street, City,	State, Zip Code)	Telephone Nur	nber (Including Are	a Code)	
Brief Description of Business Investment Partnership						
Type of Business Organization						
corporation	old X	limited partnership	, already formed			other (please specify):
business trust		limited partnership	, to be formed			
Actual or Estimated Date of Incorpo	pration or Organization:		Month 0 6	Year 9 6	⊠ Actual	☐ Estimated
Jurisdiction of Incorporation or Org	anization: (Enter two-letter U	J.S. Postal Service abbro	eviation for State: [ÞΕ		
	CN for Canada;	FN for other foreign ju	risdiction)			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five 15) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in secondance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)



_			A. BASIC IDENTIFI	CATION DATA		
2.	Enter the information	requested for the fo	ollowing:			
•	Each beneficial owner		has been organized within the pattern to vote or dispose, or direct the		r more of a class (of equity securities of the
•	issuer; Each executive officer Each general and man		porate issuers and of corporate personals	general and managing partne	rs of partnership is	ssuers; and
Ch	eck Box(es) that Apply:		Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
	Name (Last name first,					
	sewood Management Co		Street, City, State, Zip Code)			
	Crescent Court, Suite 1					
	eck Box(es) that Apply:		☐ Beneficial Owner	⊠Executive Officer	⊠ Director	General and/or Managing Partner
Ful	l Name (Last name first,	, if individual) (Executive Officer	of Rosewood Management Cor	poration		
Bu		ress (Number and	Street, City, State, Zip Code)			
	eck Box(es) that Apply:		☐ Beneficial Owner	⊠ Executive Officer	⊠Director	General and/or Managing Partner
	l Name (Last name first in M. Dziminski, Preside		anagement Corporation			
			Street, City, State, Zip Code)			
	Crescent Court, Suite 1					
Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠Executive Officer	☐ Director	General and/or Managing Partner
Ful	Name (Last name first	, if individual)	l Counsel, and Secretary of Rose	wood Managament Comers	tion	**
			Street, City, State, Zip Code)	wood wanagement Corpora		
	Crescent Court, Suite 1					
_	eck Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
	l Name (Last name first n D. Mindell, Senior Vid		easurer of Rosewood Manageme	ent Corporation		
Bu	siness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
100	Crescent Court, Suite I					
	eck Box(es) that Apply:		☐ Beneficial Owner	⊠Executive Officer	☐ Director	☐ General and/or Managing Partner
	il Name (Last name first gela J. O'Malley, Vice I		ood Management Corporation			
Bu	siness or Residence Add Crescent Court, Suite 1	ress (Number and	Street, City, State, Zip Code)			
	eck Box(es) that Apply:		☐ Beneficial Owner	⊠Executive Officer	☐ Director	General and/or Managing Partner
	I Name (Last name first ni Hinkhouse, Vice Pres		Management Corporation			
Bu		ress (Number and	Street, City, State, Zip Code)			
	eck Box(es) that Apply:		☐ Beneficial Owner	⊠Executive Officer	☐ Director	General and/or Managing Partner
	Il Name (Last name first					
Ca	rol Roberts, Vice Preside	ent of Rosewood M	lanagement Corporation			
	siness or Residence Add		Street, City, State, Zip Code)			

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠Director	☐General and/or Managing Partner
Full Name (Last name first, Laurie Sands Harrison					
Business or Residence Addr 100 Crescent Court, Suite 1		Street, City, State, Zip Code) : 75201			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐Executive Officer	⊠Director	☐General and/or Managing Partner
Full Name (Last name first, David K. Sands					
100 Crescent Court, Suite 1'		Street, City, State, Zip Code) ; 75201			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, Patrick B. Sands					
100 Crescent Court, Suite 1	700, Dallas, Texas	Street, City, State, Zip Code) ; 75201			
	☐ Promoter	☐ Beneficial Owner	Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, Stephen H. Sands					
Business or Residence Addr 100 Crescent Court, Suite 1					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Don W. Crisp					
Business or Residence Addr 100 Crescent Court, Suite 1		Street, City, State, Zip Code) 3 75201			
Check Box(es) that Apply:		☑ Beneficial Owner	☐Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Caroline Hunt Trust Estate					
Business or Residence Addr 100 Crescent Court, Suite 1		Street, City, State, Zip Code) s 75201			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)			

1						В	. INFO)RMA	TION .	ABOU'	r off:	ERINC			
1. H	as the	issuer	sold or o			ntend to	sell, to	non-acc		nvestors	in this			Yes ⊠	No □
2. W	/hat is	the mi	nimum i	investm	ent that	will be a	ccepted	from ar	ıy indivi	dual?				\$ _5,000)
3. D	oes th	e offeri	ing pern	nit joint	ownersh	ip of a s	ingle ur	nit:						Yes ⊠	No
in of re (5	direct f secu gister f) pers or that	tly, any rities in red with sons to broker	the offer the SEG be listed or deale	ssion or ering. If C and/or l are assi er only.	similar (`a perso · with a ociated (emuner n to be l state or :	ation for isted is a states, li	solicita an assoc st the na	tion of piated pe me of the	ourchase rson or a re broke	ers in co agent of r or deal	nnection a broke ler. If m	or with sales or dealer ore than five information		_
Full N	ame (Last na	me first,	ifindiv	idual)										
Busine	ss or	Resider	nce Add	ress (Nu	mber ar	d Street	, City, S	tate, Zij	Code)						
Name	of As	sociated	Broke	or Dea	ler									· · · · · · · · · · · · · · · · · · ·	
			son List												All States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
1]	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	{TN}	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (Last na	me first,	, if indiv	idual)										
Busino	ess or	Reside	nce Add	ress (Nu	ımber ar	d Street	, City, 5	state, Zi	Code)					 	
Name	of As	sociated	d Broke	or Dea	ler										
			son List											<u></u>	. 11 6
•		[AK]				(CO)			[DC]		[GA]	[HI]	[ID]	لــا	All States
-	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]		[MA]	[M]	[MN]	[MS]	[MO]		
_	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
-	RI]	[SC]	[SD]	[NT]	[TX]	[บา]	[VT]	[VA]	-	[WV]	[w1]	[WY]	[PR]		
Full N	ame (Last na	me first	, if indiv	idual)	·									
Busino	ess or	Reside	nce Add	ress (Nu	ımber aı	nd Street	, City, S	tate, Zi	Code)				<u> </u>		
Name	of As	sociate	d Broke	r от Dea	ier	,						,			
			rson Lis												
-						-									All States
_	AL]	[AK]	[AZ]	[AR]		[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]		
-	IL] MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY]	[LA] [NM]	[ME]	[NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
-	viij RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]		[WA]			[WY]	[PR]		
ı]	[JO]	נטטן	[.,4]	LINI	[0,1]	[, ,]	ربدا	facel	[• • •]	[,, , ,	[,, ,]	fr vd		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box a and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold 0 Debt 0 Equity ☐ Common ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests..... \$10,987,000.00 \$10,987,000.00 Other (Specify _ Total ...,..... \$10,987,000.00 \$10,987,000.00 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases 9 \$6,422,500.00 Accredited Investors \$4,565,500.00 Non-accredited Investors 17 Total (for filings under Rule 504 only) N/A Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505. N/A N/A N/A Regulation A..... N/A Rule 504..... N/A N/A N/A Total N/A 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... Printing and Engraving Costs Legal Fees..... 3,000 Accounting Fees Engineering Fees 0 Sales Commissions (specify finder's fees separately) 0 Other Expenses (identify) 0

3,000

Total

and	total expenses furnished in respon	ggregate offering price given in response to use to Part C-Question 4.a. This difference	is the "adjusted gross			\$ <u>10,984,000.00</u>
eac che	h of the purposes shown. If the ar	isted gross proceeds to the issuer used or proceeds to the issuer used or proceeds to the form of the payments listed must encount to Part C-Question 4.b. above.	n an estimate and			
				Of Dire	nents to ficers, ctors, & filiates	Payments To Others
	Salaries and fees	***************************************		S		s
	Purchase of real estate	······································		\$		\$
	Purchase, rental or leasing and	installation of machinery and equipment		s		S
	Construction or leasing of plan	\$		S		
		(including the value of securities involved e assets or securities of another issuer purs		s		S
	Repayment of indebtedness	***************************************		\$		\$
	Working capital	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		s		\$
	Other (specify) (investments)			\$	×	\$10,984,000.00
	Column Totals	•••(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		s	X	\$ <u>10,984,000.00</u>
	Total Payments Listed (column	totals added)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$10,98	34,000.00
		D. FEDERAL SIGNAT	TURE			
gnature	constitutes an undertaking by the	signed by the undersigned duly authorized issuer to furnish to the U.S. Securities and on-accredited investor pursuant to paragrap	person. If this notice is Exchange Commission,			
Issuer (Print or Type)	Signature	Date			
QR Alte	ernative Investments, L.P.	XAmler	July//, 2	2005		
Name o	f Signer (Print or Type)	Title of Signer (Print or Type)				
	Mindeil	Senior Vice President of Rosewood	d Management Cornorati	ion Gan	prol Dordna	

		E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 p rule?	resently subject to any of the disqualification prov	isions of such	Yes	No 🗵			
	See Appendi	x, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required	o furnish to any state administrator of any state in by state law.	which this notice is fi	led, a notice or	ı Form D			
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.		ssucr is familiar with the conditions that must be s which this notice is filed and understands that the at these conditions have been satisfied.						
	e issuer has read this notification and knows t dersigned duly authorized person.	he contents to be true and has duly caused this not	tice to be signed on its	s behalf by the				
İss	uer (Print or Type)	Signature	Date					
QR	Alternative Investments, L.P.	Londell	July <u>//,</u> 2005					
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)						
Kc	n D. Mindell	Senior Vice President of Rosewood Managemer	nt Corporation, General	al Partner				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

- APPENDIX

1		2	3		4			5	
	accredited St (Pa	sell to non- investors in ate rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре с	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
AL	103	110	mercan	111101013	Antount	investors.	Amount		
AK									
AZ									
AR CA									
СО									
CT									
DE									
DC									
FL									
GA									
HI			· · · · · · · · · · · · · · · · · · ·						
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ME									
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MA									
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MN									
MS									

APPENDIX

I		2	3		4			5		
	accredited Si (Pa	sell to non- investors in tate int B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре с	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount			
мо										
MT										
NE										
NV										
NH										
ŊJ										
NM										
NY										
NC										
ND										
ОН										
ОК										
OR										
PA										
RI										
SC										
SD										
TN										
TX	Yes		Limited Partnership Interests \$10,987,000.00	9	\$6,422,500.00	17	\$4,564,500.00	No		
UT										
VT										
VA		·								
WA										
wv				<u></u>						

Α	1.33	2.0	1250	Sec	District.
2.1	~~~	~~			11.00
A	$\boldsymbol{\nu}$	11.74	MП	31	16

1	2 3				4	5		
	accredited So (Pa	seli to non- investors in tate art B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре о	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	
WI								
WY								
PR								